



# Motor Accident Report



# Motor Accident Report Form

## INSURED

Name:	<input type="text"/>	Policy No:	<input type="text"/>
Address:	<input type="text"/>	Home Tel No:	<input type="text"/>
		Work Tel No:	<input type="text"/>
		Mobile:	<input type="text"/>
		Email:	<input type="text"/>
Occupation:	<input type="text"/>	VAT Registered:	Yes      No      Partial

## DRIVER

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>	Home Tel No.	<input type="text"/>
		Work Tel No.	<input type="text"/>
Occupation	<input type="text"/>		

Was the driver employed by the insured at the time of the accident? Yes      No

Has the driver suffered or currently suffers from a medical condition or disability that may affect their driving which:

- |  |     |    |
|--|-----|----|
| a) Is notifiable to the Driver and Vehicle Licensing Agency (DVLA)?  | Yes | No |
| b) has been notified to the DVLA and the DVLA as a result have not permitted nor granted a license to drive? | Yes | No |

Does the driver have

- |   |     |    |
|---|-----|----|
| a) any unspent motoring offences within the last 5 years (including fixed penalty notices)? | Yes | No |
| b) any prosecution or fixed penalty notices pending?  | Yes | No |

Has the driver been in any accidents, incidents, losses or claims (whether to blame or not) relating to any motor vehicle within the last 3 years? Yes      No

Is a full UK driving Licence held? Yes      No

Driving Licence Number	<input type="text"/>	Date Test Passed	<input type="text"/>
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For what purpose was the vehicle being used at the time of the accident?

**INSURED VEHICLE**

Make	<input type="text"/>	Year	<input type="text"/>
Model	<input type="text"/>	Reg No.	<input type="text"/>
No of Seats	<input type="text"/>	Current Value	<input type="text"/>
Purchase Price	<input type="text"/>	Date of Purchase	<input type="text"/>

Can you recover VAT for the vehicle? Yes    No

Is the vehicle covered by Hire Purchase/Lease Agreement? Yes    No

If yes, please give the name, address and company concerned and Agreement Number:

Has the vehicle been modified from the manufacturers' standard specification? e.g. body kits, alloy wheels, spoilers, side skirts, internal racking, external racking etc.? Yes    No

If yes, please give details

**DAMAGE TO THE INSURED VEHICLE**

Describe the damage  
(Please attach any photographic evidence to your application)

Is the vehicle still in use? Yes    No

If no, where is the vehicle now?

Repairers name and address

Repairers Tel. No.  Cost of repairs

**OTHER PARTIES**

Name & address of other parties

Insurers.

Policy No.

Vehicle type / make  Reg No.

Damage to Vehicle

**DETAILS OF INJURED PERSONS**

**Person 1**

Name & Address

In whose car were they travelling?

Were they a:	(a) Driver?	Yes	No
	(b) Passenger?	Yes	No
	(c) Pedestrian?	Yes	No

Please describe their injuries

Were they taken to hospital? Yes No

Were they wearing a seat belt / crash helmet? Yes No

**Person 2**

Name & Address

In whose car were they travelling?

Were they a:

(a) Driver? Yes    No

(b) Passenger? Yes    No

(c) Pedestrian? Yes    No

Please describe their injuries

Were they taken to hospital? Yes    No

Were they wearing a seat belt / crash helmet? Yes    No

**WITNESSES**

**Witness 1**

Name

Address

Was the witness known to you prior to the accident? Yes    No

**Witness 2**

Name

Address

Was the witness known to you prior to the accident? Yes    No

**DETAILS OF THE ACCIDENT**

Date

Location

Town

Condition of road

Weather Conditions

Time

Street

Country

Width of road

Visibility

Were the street lights on?

Yes No

Applicable speed

**INSURED**

**THIRD PARTY**

Estimated speed before accident

What signals were given?

What vehicles lights were on?

Did the police attend or were they informed?

Yes No

If yes, please give the name and address of the attending officer:

Police station address

Have you received any notice of intended prosecution?

Yes No

If yes, please give details:

Who do you think was responsible for the accident?

**DESCRIBE THE ACCIDENT CIRCUMSTANCES**

**SKETCH PLAN**

**MOTOR LEGAL EXPENSES (Master policy number 36857)**

If you have chosen to purchase our optional motor legal expenses cover and you would like to make a claim for an uninsured loss or personal injury in the event of a non-fault accident, please provide details of the affected person(s).

**Person 1**

Name

Address

Phone Number

Reason for the claim

Details of uninsured losses

**Person 2**

Name

Address

Phone Number

Reason for the claim

Details of uninsured losses



**PAYMENT OF CLAIM**

To avoid postal delays and the risk of theft we will pay any agreed amount due to you in respect of your claim directly into your bank account.

Please complete the following details about your bank account

Bank Name

Bank Account Number

Sort Code  -  -

Bank Account Name

If you would however prefer to receive a cheque, please tick here

**NOTICE**

Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers (ABI). The aim is to help us to check information provided and prevent fraudulent claims. Under the Conditions of your Policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the Register.

**DECLARATION**

I/WE DECLARE THAT THE PARTICULARS ON THIS FORM ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

I/WE UNDERSTAND THAT YOU MAY ASK FOR INFORMATION FROM OTHER INSURERS TO CHECK THE ANSWERS I/WE HAVE PROVIDED.

<b>Signature of insured</b>	<input style="width: 95%; height: 35px;" type="text"/>	<b>Date</b>	<input style="width: 95%; height: 35px;" type="text"/>
<b>Signature of driver</b>	<input style="width: 95%; height: 35px;" type="text"/>	<b>Date</b>	<input style="width: 95%; height: 35px;" type="text"/>

## Rural

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